

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>4</b>		OFFICE USE ONLY	
3 COMMITTEE NAME <b>SAFETY FIRST ARLINGTON</b>				Date Received   17 APR - 6 PM 5:05 RECEIVED - OSO	
4 TREASURER NAME <b>BLAKE A. BARRY</b>					
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)					
6 ORIGINAL PERIOD COVERED		Month Day Year      Month Day Year <b>3 / 2 / 17</b> THROUGH <b>3 / 27 / 17</b>		Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	

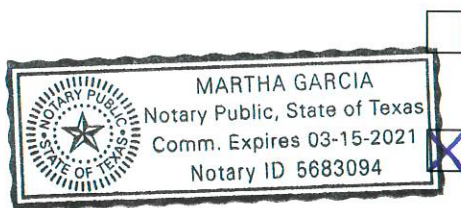
## 7 EXPLANATION OF CORRECTION

**CORRECTION TO CAMPAIGN FINANCE REPORT TO INCLUDE SCHEDULE A1.  
ALSO, P2 CONTRIBUTION BALANCE.**

## 8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

**Blake A. Barry**  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said **Blake Barry**, this the **6th** day of **April**, 20 **17**, to certify which, witness my hand and seal of office.

**Martha Garcia**  
Signature of officer administering oath

**MARTHA GARCIA**  
Printed name of officer administering

**Notary Public**  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME  <div style="text-align: center; font-size: 1.2em;">SAFETY FIRST ARLINGTON</div>		<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="transform: rotate(-45deg); font-size: 0.8em;">RECEIVED - CSD</div> <div style="font-size: 0.8em;">17 APR - 6 PM 5:05</div> </div> <div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> </div> <div style="border: 1px solid black; padding: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 1.1em;">P.O. Box 202371 ARLINGTON, TX 76006</div>		
5 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <div style="font-size: 1.1em;">Mr.</div></div> <div>FIRST <div style="font-size: 1.1em;">BLAKE</div></div> <div>MI <div style="font-size: 1.1em;">A.</div></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <div style="font-size: 1.1em;">BARRY</div></div> <div>SUFFIX</div> </div>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 1.1em;">604 LINCOLN CT. ARLINGTON, TX 76006</div>		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <div style="font-size: 1.1em;">( 817 ) 832.9940</div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15  <input type="checkbox"/> July 15         </div> <div> <input checked="" type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff         </div> <div> <input type="checkbox"/> Exceeded \$500 limit  <input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination         </div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year  <div style="font-size: 1.1em;">3 / 2 / 2017</div> </div> <div>THROUGH</div> <div> Month Day Year  <div style="font-size: 1.1em;">3 / 27 / 2017</div> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month Day Year  <div style="font-size: 1.1em;">5 / 6 / 2017</div> </div> <div> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Runoff  <input checked="" type="checkbox"/> Special         </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Other Description  <div style="font-size: 1.1em; margin-top: 5px;">MAY UNIFORM ELECTION</div> </div> </div>		

GO TO PAGE 2



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

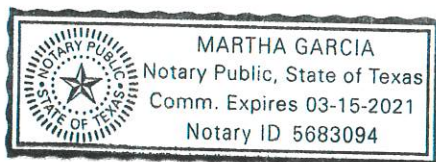
FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <b>SAFETY FIRST ARLINGTON</b>	13 Filer ID (Ethics Commission Filers)
----------------------------------------------------	----------------------------------------

14 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #  ELECTION DATE Month Day Year <b>5 / 6 / 2017</b>
		DESCRIPTION <b>OPPOSE PASSAGE OF CIVIL SERVICE INITIATIVE</b>

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>3,700.00</b>
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
EXPENDITURE TOTALS		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>3,700.00</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

## 16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

**Blake A. Barry**  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Blake Barry**, this the **6th** day of **April**, 20 **17**, to certify which, witness my hand and seal of office.

**Martha Garcia**  
Signature of officer administering oath

**MARTHA GARCIA**  
Printed name of officer administering oath

**Notary Public**  
Title of officer administering oath

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,700.00
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**SAFETY FIAT ARLINGTON**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/16/17**

5 Full name of contributor

**BLAKE BARRY**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City; State; Zip Code

**604 LINCOLN CT.**

**ARLINGTON, TX 76006**

8 Principal occupation / Job title (See Instructions)

**REALTOR**

9 Employer (See Instructions)

**SELF EMPLOYED**

Date

**3/16/17**

Full name of contributor

**BECKY NUSSBAUM**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City; State; Zip Code

**2301 N. FIELDER**

**ARLINGTON, TX 76012**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/23/17**

Full name of contributor

**RANDAL ROSE**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1,000.00**

Contributor address;

City; State; Zip Code

**3416 COLLARD RD.**

**ARLINGTON, TX 76017**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/23/17**

Full name of contributor

**STEVEN ZIMMER**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2,500.00**

Contributor address;

City; State; Zip Code

**407 E. BEADY RD.**

**ARLINGTON, TX 76006**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.